CFO PROVIDER ENROLLMENT

Attn: Provider Enrollment, Covansys
P. O. Box 29134
Shawnee Mission, KS 66201-9134

Provider Enrollment 866-711-2573 Option 2 Fax: 913.888.6683 http://missouri.eikids.com www.mofirststeps.com Email: mofsenroll@pdainc.com

Provider Information

Please complete this form using the organization information or your information if you are an Independent provider.
If you are currently enrolled, please provide the information currently in the CFO system. Send completed form to the address at the top.

Payee Federal Tax Id Number: _____ Payee/Facility Name: _____

First Name: _____ M: Last Name: _____ Email: _____

Site Address(services are performed here) _____

City: _____ State _____ Zip: _____

Phone: ( ) - EXT: Fax: ( ) - _____

Name Of Primary Contact for Enrollment Questions: _____

Billing Information

- ❑ **New Information**
- ❑ **Change of Information**

Please indicate the type of change: ___Specialty ___Name ___Phone ___Fax ____Address ____Site ___Billing

___ Dis-Enrolling: Last Date Of Work_____/_____/_____ ___Re-Enrollment Facility ___Re-Enrollment Independent

Payee/Facility Name: _____

ProviderName: _____ Specialty Level (Circle One): Associate or Specialist

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone: ( ) - EXT: Fax: ( ) - _____

Are you currently enrolled by the First Steps system as an Early Intervention practitioner? ___No ____Yes
If yes, how are you currently enrolled? ___Independently ___With a Facility ____Both

Early Intervention Discipline Please select one of the following service types indicating the designation for your enrollment.

	ABA Provider		Occupational Therapy Assistant (COTA) Certified		Psychologist
	ABA Implementer		Occupational Therapist		Service Coordinator
	Assistive Technology Provider		Optometrist		Service Coordinator - DMH
	Audiologist		Ophthalmologist		Service Coordinator (Assoc Level)
	Counselor		Orientation/Mobility Specialist		Social Worker
	Dietitian		Paraprofessional In Early Intervention		Special Instructor/Developmental Therapist
	Foreign Language Translator		Parent Advisor for Hearing Impairments		Speech Pathologist
	Intake Coordinator		Parent Advisor for Visual Impairments		Speech Pathologist Associate
	Interpreters for the Deaf		Physical Therapist		Transportation Provider
	Nurse (Licensed Practical Nurse)		Physical Therapy Assistant (PTA)		Family Member Transportation
	Nurse (Registered)		Physician		
	Other (Please Specify) _____				

Please be aware that you may not provide services until you are listed as a provider on the Service Matrix (http://missouri.eikids.com). If you are requesting a change in status (i.e. from associate to specialist level) that requires supporting documentation (Degree, License, etc), please attach the documentation to this form. If you are requesting a change in payee name or individual name please complete a W-9 form available on the website and submit it to our office with this form. Provider status will be updated upon the receipt of completed agreements. The date the information is received at the CFO office will determine the effective date of your provider status.

Signature:_____ Date _____